

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10728204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		5				
TOTAL CLAIMS	60					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								